

Fig. 1



Terrace Security Corporation
Online Applications Management Console

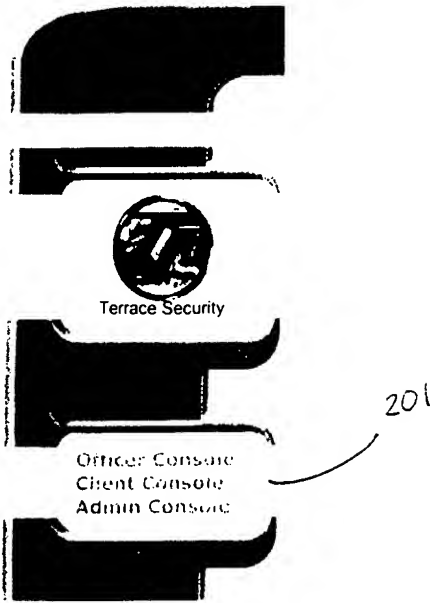


Fig. 2



Terrace Security Corporation
Officer Console

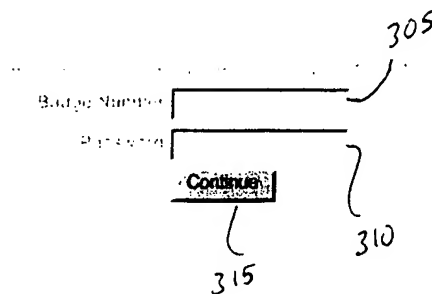
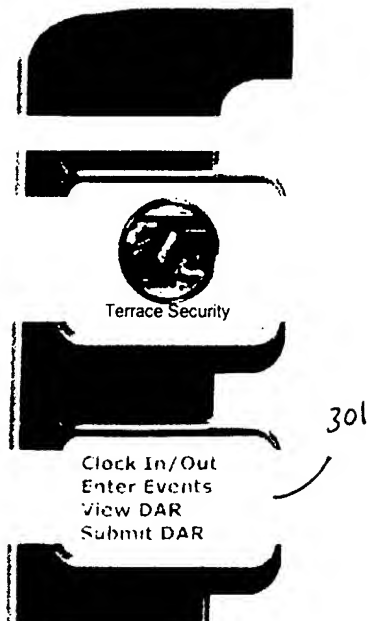
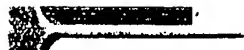
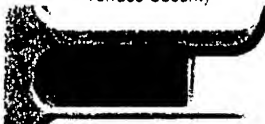


Fig. 3

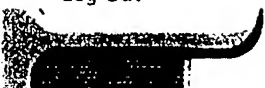




Terrace Security



Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out



Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property

Terrace @ Willowbrook

Time in

Shift Code

435

Radio Number

Comments

435

Clock In

435

Fig 7



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard 450

Enter Event

460

Open Shifts

Time In	Time Out	Shift Code	Property
8:15 AM	8:45 AM	11	10100 Brook
8:20 AM	8:40 AM	12	10100 Brook

470

Add Event

Time Out 471

Time In 472

1 00 AM 1 00 AM

473

474

Event Code

1600 - Abandonment of a Child

480

Comments

490

Add 495

Fig. 4A



Temporary Service for Client Information

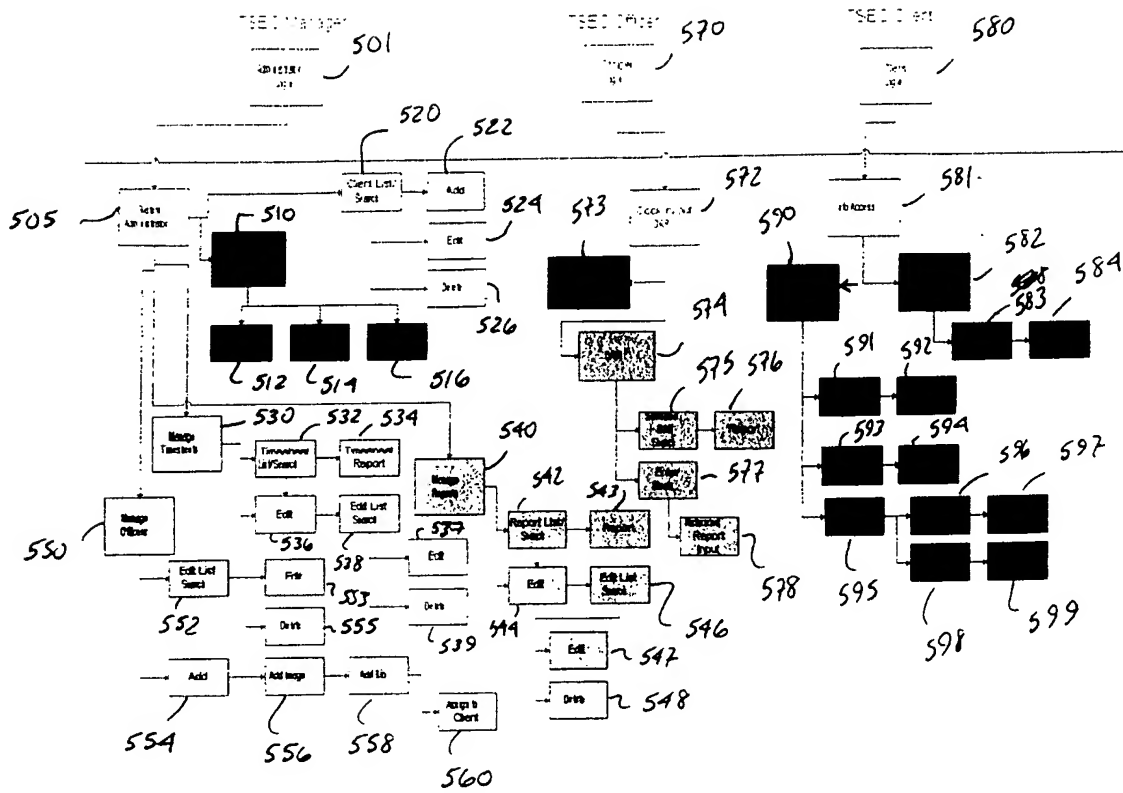


Fig. 5



File: C:\My Documents\Terrace Security Demo Use Case Model\Terrace Demo.mdl 5:05:53 PM Thursday, November 09, 2000 Use Case

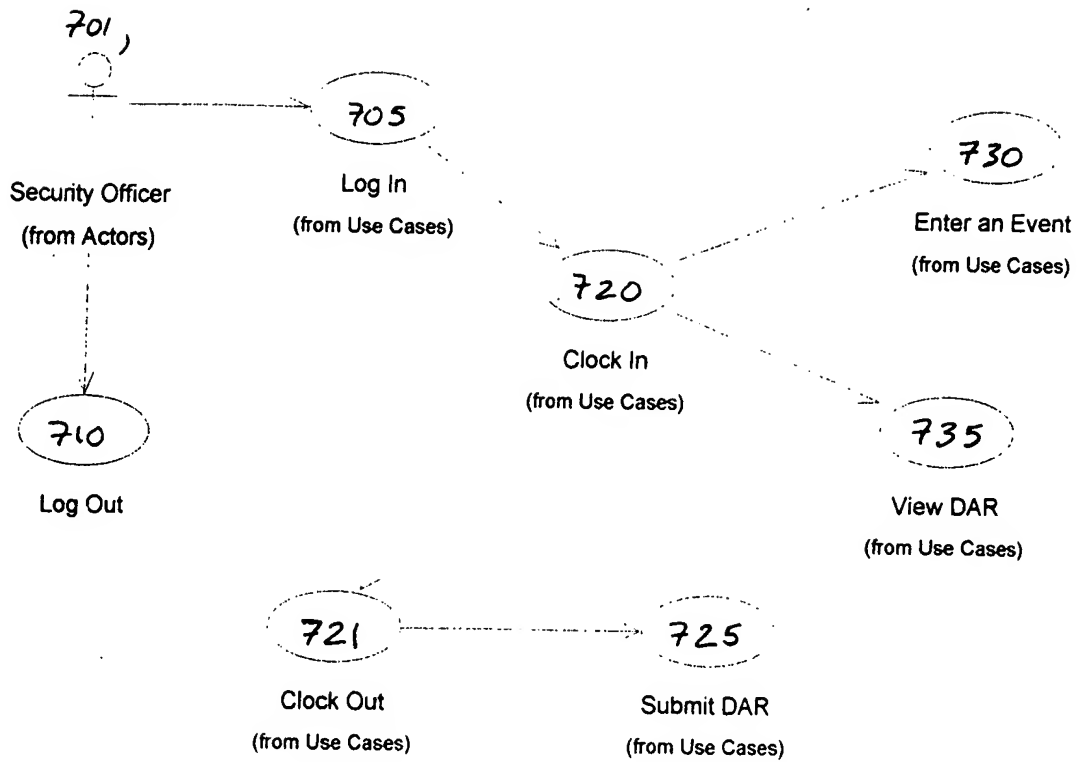


Fig. 7

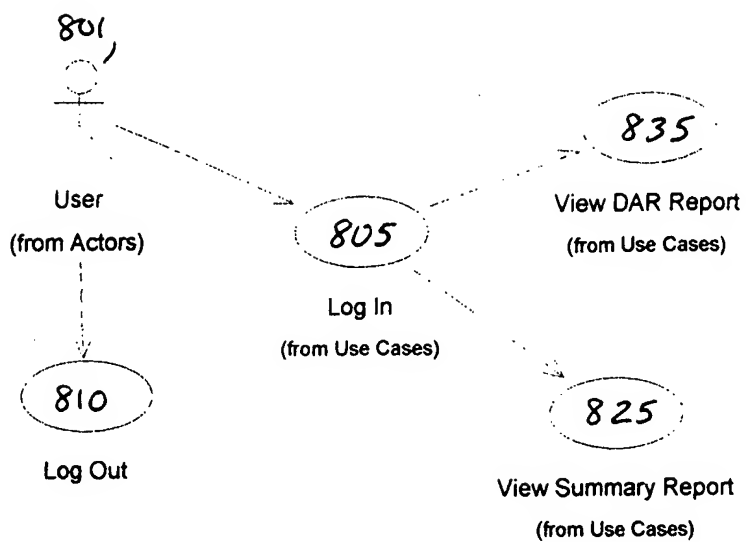


Fig. 8



Terrace Security Corporation
Online Applications Management Console

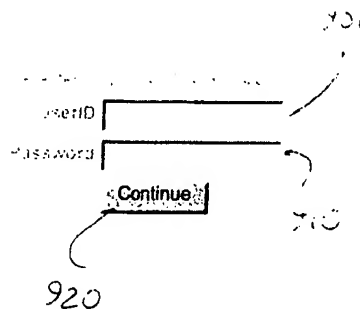
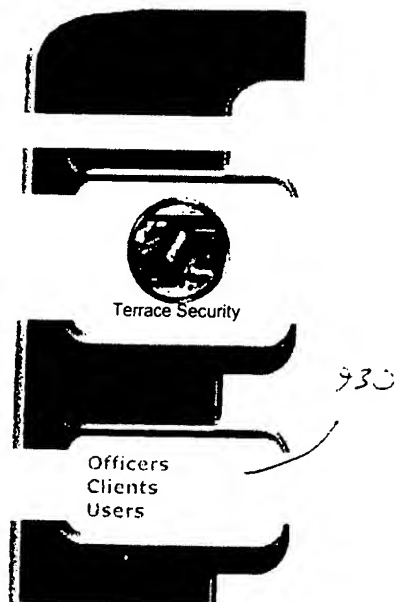


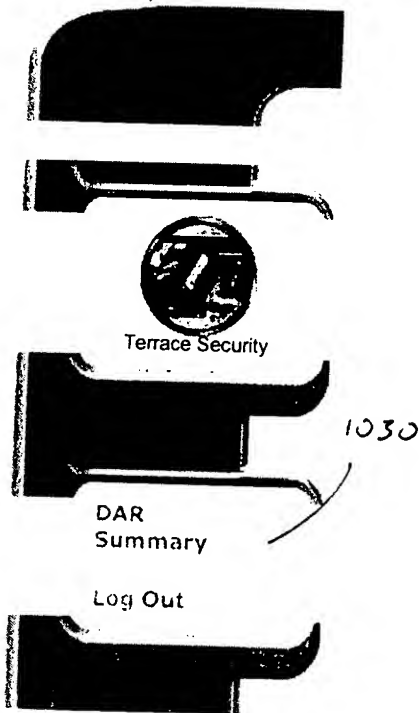
Fig. 9



Terrace Security Corporation
Secured Reporting Console

Logged In: Bordman, Steve

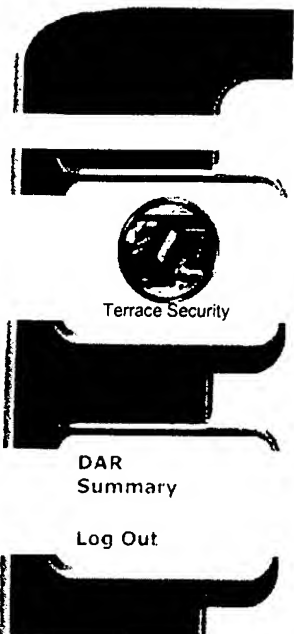
Daily Activity Report



Guard	Property	Date
--All--	--All--	11/22/2000

Handwritten annotations: '1010' under Guard, '1020' under Property, '1040' under a 'Show' button, and '1030' above the Date field.

Fig. 10



Terrace Security Corporation
Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

Shift 1

Guard: Calamari, Manni
Post: Memorial City Mall
Time In: 10/12/2000 12:22:12 PM
Time Out: 10/12/2000 12:22:26 PM
Shift Code: dg
Radio Number: dfg
Comments: dzfgdzg

Time In	Time Out	Code	Comments	IP
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard: Calamari, Manni
Post: Memorial City Mall
Time In: 10/12/2000 5:03:26 PM
Time Out: 10/12/2000 5:03:32 PM
Shift Code: 123
Radio Number: 123
Comments: 123

Time In	Time Out	Code	Comments	IP
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard: Calamari, Manni
Post: Memorial City Mall
Time In: 10/12/2000 5:03:51 PM
Time Out: 10/12/2000 5:04:54 PM
Shift Code: 123
Radio Number: 123
Comments: 12312312312321

Time In	Time Out	Code	Comments	IP
4:00:00 AM	3:00:00 AM	2907	123123	

Fig. 11A



Terrace Security Activity Log

Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	R
---------	----------	------	----------	---

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	R
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	R
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	
xsg	

Time In	Time Out	Code	Comments	R
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Fig. 11B



Terrace Security Activity Log

Page 3 of 4

Shift 8

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/20/2000 8:02:02 AM	11/21/2000 3:12:03 PM
Shift Code	Radio Number
tewt	tet
Comments	
asretae	

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	

Shift 9

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:12:18 PM	11/21/2000 3:17:34 PM
Shift Code	Radio Number
wer	werwer
Comments	
erwer	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	
5:00:00 AM	6:00:00 AM	1607	ar	
5:00:00 AM	6:00:00 AM	1607	ar	

Shift 10

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:56:21 PM	11/21/2000 4:07:48 PM
Shift Code	Radio Number
we	wet
Comments	
qr	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	
8:00:00 AM	9:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605	comment goes here...	
1:00:00 AM	1:00:00 AM	1600		
1:00:00 AM	1:00:00 AM	1600		

Shift 11

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 9:09:58 PM	11/22/2000 9:20:43 AM
Shift Code	Radio Number
wr3	wer
Comments	
wrwaer	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Fig. 11C



Terrace Security Activity Log

Page 4 of 4

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IP
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

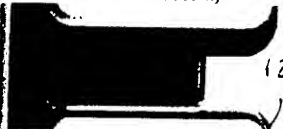
Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

Time In	Time Out	Code	Comments	IP
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	

Fig. 11D



Terrace Security



1250

Officers
Clients
Users
Log Out



Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

Last Name	First Name	Badge #	Bin
<input checked="" type="radio"/> Torgman	Steve	1210	1210
<input type="radio"/> Torgman	Steve	1210	1210
<input type="radio"/> Office	Steve	1210	1210
<input type="radio"/> Torgman	Steve	1210	1210
<input type="radio"/> Torgman	Steve	1210	1210
<input type="radio"/> Torgman	Steve	1210	1210

1210

1220

1220

1230

1240

Fig. 12





Officers
Clients
Users
Log Out

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgnino, Steve

User Admin

Last Name	First Name	User ID	Admin
<input checked="" type="radio"/> Borgnino	Steve	1410	141
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>

OR

Fig. 14

Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

Terrace Security

Clock In/Out
Enter Events
View DAR
Submit DAR
Log OutIncident Code/Type
1605 - Aggravated Robbery
LocationTSC Case #
3

HPD Case #

Date/Time Reported

12 / 30 / 2000 12 : 00 AM

Date/Time Occurred

12 / 30 / 2000 12 : 00 AM

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

Address

SSN

DL

Employer

Department/Property

Suspect
is MinorParent/Guardian
Notified

By Whom

Name of Notified

Time

☐ Yes ☒ No☐ Yes ☒ No

12 / 00

Identifying Information #2

Last Name

First Name

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

Address

SSN

DL

Employer

Department/Property

Suspect
is MinorParent/Guardian
Notified

By Whom

Name of Notified

Time

☐ Yes ☒ No☐ Yes ☒ No

12 / 00

Identifying Information #3

Last Name

First Name

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

Address

SSN

DL

Employer

Department/Property

Fig. 15A



Suspect is Minor <input type="radio"/> Yes <input checked="" type="radio"/> No		Parent/Guardian Notified <input type="radio"/> Yes <input checked="" type="radio"/> No		By Whom <input type="text"/>	Name of Notified <input type="text"/>	Time <input type="text" value="12"/> <input type="text" value="00"/>
Vehicle Info #1 <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W Year <input type="text"/> Towed <input type="radio"/> Yes <input checked="" type="radio"/> No Make <input type="text"/> Model <input type="text"/> Color <input type="text"/> License Plate # <input type="text"/> VIN <input type="text"/>		Vehicle Info #2 <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W Year <input type="text"/> Towed <input type="radio"/> Yes <input checked="" type="radio"/> No Make <input type="text"/> Model <input type="text"/> Color <input type="text"/> License Plate # <input type="text"/> VIN <input type="text"/>		Vehicle Info #3 <input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W Year <input type="text"/> Towed <input type="radio"/> Yes <input checked="" type="radio"/> No Make <input type="text"/> Model <input type="text"/> Color <input type="text"/> License Plate # <input type="text"/> VIN <input type="text"/>		
NARRATIVE Write a summary of the incident, answering the questions Who, What, When, Where & Why <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>						
FOLLOW-UP Date <input type="text" value="12"/> <input type="text" value="30"/> <input type="text" value="2000"/> Time <input type="text" value="12"/> <input type="text" value="00"/> <input checked="" type="radio"/> All <input type="radio"/> Part <input type="text"/> By Whom <input type="text"/> <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>						
<input type="button" value="submit"/>						

Fig. 15B

Terrace Security Corporation
Officer Console**Incident Investigation Report**

TSC Case #

I. GENERAL INFORMATION

Date of Incident: 01 / 01 / 2000 Time of Incident: 01:01 am 1 pm Day Of Week: Monday
Date Reported to You: 01 / 01 / 2000 Time Reported to You: 01:01 am 1 pm By Whom: []
Property Name & Location: []

Specific Location of Incident:

[]
(describe all identifying factors of exact place of incident measurements, directions, etc.)**II. THE COMPLAINANT - Check one:**

Last Name: [] Tenant [] Visitor [] Contractor [] Employee: Complete Sections I, II, VII & IX

Address: [] First Name: []

SSN: [] Male [] Female []

City: [] State: []

Zip: [] Phone #: ([]) []

Age: [] Height: [] Weight: [] Physical Disabilities: []

Pregnant? Yes [] No [] If yes, how many months 1 []

Does Complainant wear glasses? Yes [] No [] If yes, what kind []

Place of Employment: [] Position: []

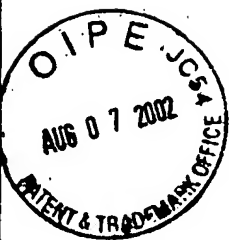
Address: []

City: [] State: [] Zip: []

Phone #: ([]) []



Fig. 16A



Terrace Security Activity Log

Driver's License #

State:

Date of Expiration: 01 / 01 / 2000

Vehicle Description:

License Plate #:

State:

Vehicle Insurance?:

Yes

No

Insurance Company:

Policy #

Policy Holder:

III. FIRST AID (treatment Rendered to stabilize Complainant)

Offered Not Offered- why?

By whom, why?

Offer

Declined

Hospital Name?

Taken to hospital

Taken by: Ambulance

Unit #

Paramedic's Name

Self

Other, Explain

Taken at Whose Request?

Complainant

Other, Explain

Emergency Contact Notified?

Yes

No

N/A

Name of Contact

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

Fig. 16B



10/7

Fig. 16C

Incident Security Activity Log

A. BEFORE the Incident

Carrying anything? : Yes : No If yes, what was being carried?

B. AFTER the Incident

Describe any visible injury or damage to clothing

C.

Complainant's description to any injury and where on their body it's located

D.

Describe Complainant's reaction to the incident

E.

Describe shoes worn by Complainant

F.

Sole materials Leather Rubber Vinyl Wood Other-describe

Describe heels (height, material, condition)

Overall condition of shoes Good Average Poor

V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the incident? Yes No If yes, who?

Relationship to Minor

If unaccompanied, was someone responsible for the minor? Yes No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION



Fig. 16D

Surface Damage Activity Log

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident? If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses - do not assume any facts about the incident.



A. Description of the Incident Site

1. Type of Walkway

Floor Stairway Ramp Street Escalator Parking Lot Other - describe

2. Surface material

Carpet Vinyl tile Ceramic tile Terrazo Marble Quarry Tile Rug
Grass Concrete Asphalt Gravel Metal Dirt Other - describe

3. Foreign substance present? (soda, water, ice, snow, etc.) Yes No
What does substance appear to be?

Describe substance Color

Odor

Amount

Spill pattern

Describe Texture

(oily, gritty, bubbly, etc.) Consistency

(melted, crushed, solid, etc.)

4. Skid/streak marks Yes No

How did substance come to be on the floor? Substance on shoes or clothing Yes No

5. Any other object involved? Yes No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present?

Yes No If yes, describe nature of condition

Terrace Security Activity Log

Dimensions

Debris present? Yes No If yes, describe

C. Lighting Conditions

1 Natural Artificial describe

(type of bulb, etc.)

2 Does the complainant feel that lighting was a contributing factor in causing the incident? Yes No If yes, explain

D. Weather Conditions

Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? Yes No How many?

By whom?

Date & Time Taken

Where are photos stored?

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the crime shortly before, during or just after the incident.

A

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant



☐

☐

B

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

What location at the time of the incident?

Describe in detail exactly what he/she said

☐

Describe any conversation this Witness had with the Complainant

☐

☐

C

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

☐

Describe any conversation this Witness had with the Complainant

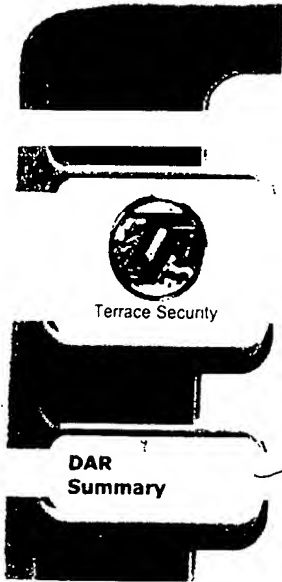
☐

☐

☐



Fig. 10F



Terrace Security Corporation
Secured Reporting Console

1730

UserID

Password

1730

1740

Fig. 17

<http://descartes.galacticgroup.com/terracedemo/Reports/Login.asp>

12 20 00



Terrace Security Corporation
Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

Guard ¹⁸²⁰ Property ¹⁸³⁰ Date ¹⁸⁴⁰
--All-- --All-- 12:20:2000
Event Code ¹⁸⁵⁰
--All--

Show

¹⁸⁶⁰

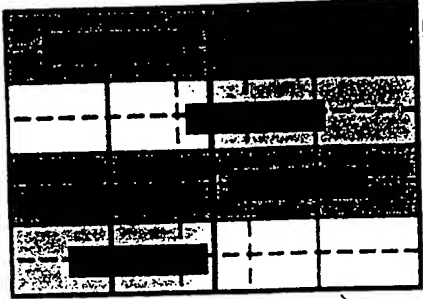
Terrace Security

DAR
Summary ¹⁸¹⁰

Log Out

Fig. 8

Benchmark
D I S C

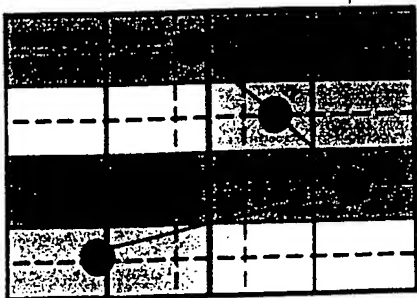


601

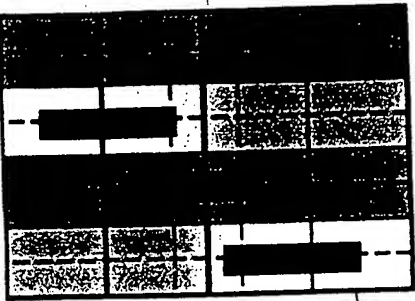
Day Security

610

Anthony Dudley
D I S C



Benchmark
D I S C



602

Night Security

620

Eddie Green
D I S C

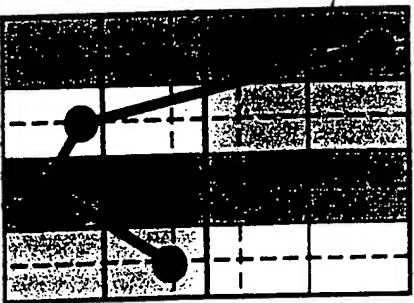


Fig. 19